## PO4000078839

| (Requestor's Name)                      |                 |
|---|-----------------|
| (Address)                               |                 |
| (Address)                               |                 |
| (City/State/Zip/Phone                   | <del>: #)</del> |
| PICK-UP WAIT                            | MAIL            |
| (Business Entity Nam                    | ne)             |
| (Document Number)                       |                 |
| Certified Copies Certificates           | of Status       |
| Special Instructions to Filing Officer: |                 |
| , do                                    |                 |
|   |                 |
|   |                 |
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Office Use Only



000143451850

02/13/09--01018--011 \*\*35.00





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF COR                    | PORATION: <u>Sun-Tech </u>                 | Plumbing Contractors In  | )C   |
|--------------------------------|--|--|--|
| DOCUMENT NU                    | J <b>MBER: </b> <u>P04000078839</u>        |  |  |
| The enclosed Artic             | cles of Amendment and fee a                | re submitted for filing.   |  |
| Please return all co           | orrespondence concerning thi               | s matter to the following:                                       |  |
|                                | (2)  | Eric Arias   |  |
|                                | (Name o                                    | of Contact Person)   |  |
|                                |  | ech Plumbing Contractors   | 1.00 m 2.00  |
|                                | (Fir                                       | m/ Company)  |  |
|                                |  | 0 NW 27th Street.  |  |
|                                |  | (Address)  |  |
|                                |  | oral, FL 33172   |  |
|                                | •  | tate and Zip Code)   |  |
| For further inform             | ation concerning this matter,              | please call:   |  |
| Eric Arias                     |  | at ( 305 ) 592-080   |  |
| (Nan                           | ne of Contact Person)                      | (Area Code & Daytim  | e Telephone Number)  |
| Enclosed is a chec             | ck for the following amount n              | nade payable to the Florida De                                   | partment of State:   |
| <b>✓</b> \$35 Filing Fee       | \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| <u>Mailing A</u><br>Amendme    |  | Street Address Amendment Section                                 |  |
|                                | nt Section  f Corporations                 | Division of Corporations   | 3  |
| P.O. Box 6327 Clifton Building |  | •  |  |

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

|   |  | 200                                   |
|---|--|---------------------------------------|
| Sun-Tech Plui   | mbing Contractors Inc                  |                                       |
| (Name of Corporation as curre   | ntly filed with the Florida Dept. of S | tate)                                 |
| P040  | 000078839                              | 70,                                   |
|   | ber of Corporation (if known)          | · · · · · · · · · · · · · · · · · · · |
| Pursuant to the provisions of section 607.1006 ollowing amendment(s) to its Articles of Incorp  | poration:                              | t Corporation ado                     |
| If amending name, enter the new name of   | the corporation:                       |                                       |
| The new name must be distinguishable and incorporated or the abbreviation "Corp.," "Co". A professional corporation name issociation," or the abbreviation "P.A." | "Inc.," or Co.," or the designation    | "Corp," "Inc," or                     |
| 3. Enter new principal office address, if appli<br>Principal office address <u>MUST BE A STREET</u>   |  |                                       |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC   |  |                                       |
|   |  |                                       |
|   |  |                                       |
|   |  | <u></u>                               |
|   |  |                                       |
| ). <u>If amending the registered agent and/or re</u>  |  | nter the name of th                   |
| <ol> <li>If amending the registered agent and/or renew registered agent and/or the new registered.</li> </ol>   |  | nter the name of th                   |
| ). <u>If amending the registered agent and/or re</u>  |  | nter the name of th                   |
| ). <u>If amending the registered agent and/or re</u><br>new registered agent and/or the new regist  |  | nter the name of th                   |
| ). <u>If amending the registered agent and/or re</u><br>new registered agent and/or the new regist  |  | nter the name of th                   |
| D. If amending the registered agent and/or renew registered agent and/or the new registered Agent:  Name of New Registered Agent:                                 | tered office address:                  | nter the name of th                   |

Signature of New Registered Agent, if changing

position.

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

| Title     | <u>Name</u>   | Address   | Type of Action |
|-----------|---|---|----------------|
| <u>VP</u> | Alexander Accardi   | 10840 NW 27th Street  Doral, FL 33172                                     |                |
|           | •   |   |                |
|           |   |   |                |
|           | ding or adding additional Articles, additional sheets, if necessary). (Be |   |                |
|           |   |   |                |
|           |   |   |                |
|           |   |   |                |
| provis    |   | ge, reclassification, or cancellation nent if not contained in the amendm |                |
|           |   |   |                |
|           |   |   |                |
|           |   |   |                |
|           |   |   | ····           |
|           |   |   |                |

| Ťh       | he date of each amendment(   | a) adoption: <u>02/12/2009</u>  |  |  |
|----------|--|---|--|--|
| Efi      | ffective date <u>if applicable</u> :   | 02/12/2009  |  |  |
|          |  | (no more than 90 days after amendment file date)  |  |  |
| Ad       | doption of Amendment(s)  | (CHECK ONE)   |  |  |
| Ø        | The amendment(s) was/were by the shareholders was/wer  | adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.   |  |  |
|          | The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |   |  |  |
|          | "The number of votes ca  | ast for the amendment(s) was/were sufficient for approval   |  |  |
|          | by   |   |  |  |
|          | (  | (voting group)  |  |  |
| <b>Q</b> | The amendment(s) was/were action was not required.   | adopted by the board of directors without shareholder action and shareholder  |  |  |
| <b>a</b> | The amendment(s) was/were action was not required.   | adopted by the incorporators without shareholder action and shareholder   |  |  |
|          | Dated_02/12/2  | 2009  |  |  |
|          | Signature  | Die Cing  |  |  |
|          | selec  | director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |  |  |
|          |  | Eric Arias  |  |  |
|          |  | (Typed or printed name of person signing)   |  |  |
|          |  | Secretary   |  |  |
|          |  | (Title of person signing)   |  |  |